

## SERVICE DOG APPLICATION

SERVICE TAG # ISSUED

PET OWNER					
APPLICANT NAME*			DL / ID #*	DL / ID #* DATE OF BIRTH	
ADDRESS*		HOME PHONE*			
CITY	STATE	ZIP	MOBILE PHONE*		
ANIMAL DESCRIPTIO	O N				

NAME	BREED	COLOR	SEX	AGE
MICROCHIP / TATTOO NUMBER	ТҮРЕ	LOCATION		
IS THIS SERVICE ANIMAL REQUIRED BECAUS	SE OF A DISABILITY? YES:	NO:		

WHAT SPECIFIC WORK OR TASK HAS THE DOG BEEN TRAINED TO PERFORM?

By affixing my signature to this affidavit, I hereby declare I fully understand that Section 365.7 of the Penal Code prohibits any person to knowingly and fraudulently represent himself or herself, through verbal or written notice, to be the owner or trainer of any canine licensed as, to be qualified as, or identified as, a guide dog, signal dog, or service dog, as defined in subdivisions (d), (e), and (f), respectively, of Section 365.5 of the Penal Code and paragraph (6) of subdivision (b) of Section 54.1 of the Civil Code, and that a violation of Section 365.7 of the Penal Code is a misdemeanor, punishable by imprisonment in a county jail not exceeding six (6) months, by a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

I understand that any service dog tag issued by the Irvine Animal Care Center is not transferable to another dog and that the dog must be currently licensed at all times. I acknowledge that upon the death, transfer to another owner or removal from service of the dog the tag will be returned.

SIGNATURE*	PRINT NAME*	DATE

FORM 57-33 REV 04/14